Foster Family Home - Corrective Action Report

Provider ID:

2-577364

Home Name:

Grace Jadulang, LPN

Review ID:

2-577364-5

1674 Oneawa Way

Reviewer:

Carol Copeland

HI 96720 Begin Date:

5/2/2018

End Date: 3-7-18

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1)

Hilo

Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) Home visit survey performed to recertify three client home. Home in compliance on day of survey. Corrective action report issued with no plan of corre3ction due to CTA.

Compliance Manager